



BHUTAN CHAMBER OF COMMERCE AND INDUSTRY

WORK PLANNING AND REVIEW FROM

For the period _____ to _____

Name of the Employee:

Name of the Manager:

Employee CID No:

Position Title:

Review Date:

<p>These performance outcomes are to be made priorities for the next 6 months jointly by the manager and the employee at the beginning of the work planning cycle. Use the employee's job description and annual work plan as guidelines.</p>	<p>Each performances output should be reviewed at the end of each 6 months period.</p> <p>Review Date: To</p>	<p>No rating are required in this review phase, just remarks in relation to how the employee is progressing or not progressing in meeting for each performance outputs.</p>
Expected Performance Output/ Services	Remarks of the Employee:	Remarks of the Manager and/or Supervisor
Output I.		
Output II.		
Output III.		
Output IV.		
Output V.		
Output VI.		
Output VII.		

(Use additional Sheet if required)



BHUTAN CHAMBER OF COMMERCE AND INDUSTRY

IDENTIFICATION OF CORE COMPETENCIES

The core competencies are the special skills/qualities required to satisfactorily fulfill the roles and responsibilities of the position. It is expected that the manager and the employee jointly identify three core competencies relevant to the employee's position in addition to the three, which are prefixed.

Sl.	Agreed Core Competencies
1.	
2.	
3.	
4.	
5.	
6.	

(Signature of the Employee)

(Signature of the Supervisor)



BHUTAN CHAMBER OF COMMERCE AND INDUSTRY

SUMMATIVE PERFORMANCE REVIEW FORM

For the period _____ to _____

Employee / Manager Information

Name of the Employee:

Employee CID No:

Position Title:

Position Level:

Major Occupation Group:

Name of the Manager:

Position Title of the Manager:

Process: In the first instance, the employee is to complete the Summative Review Form as best they can with reference to the Work Planning and Review Forms.

Performance Outputs and Core Competencies are to be listed/described and a “Self rating” given along with supplementary information where necessary. **Note: Under Performance Outputs, a separate rating is required for both the “quality” and “quantity” section.**

When complete, the form is then submitted to their manager. The manager and employee is then arranged to discuss the Summative Review Form in more detail and finalize ratings. The ‘final rating’ is to be approved and written down by the Manager.



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SUMMATIVE PERFORMANCE REVIEW FORM (continued)

RATINGS ON PERFORMANCE FACTORS

(Use additional sheets if required)

<i>(Rating should pertain to Performance outputs as outlined in Work Planning and Review Forms. Add additional outputs as necessary)</i>		Employee self-rating	Final rating (Manager)
PERFORMANCE OUT PUT 1:	Quality of Work:		
	Quantity of Work:		
PERFORMANCE OUT PUT 2:	Quality of Work:		
	Quantity of Work:		
PERFORMANCE OUT PUT 3:	Quality of Work:		
	Quantity of Work:		
PERFORMANCE OUT PUT 4:	Quality of Work:		
	Quantity of Work:		
PERFORMANCE OUTPUT 5:	Quality of Work:		
	Quantity of Work :		
PERFORMANCE OUTPUT 6:	Quality of Work:		
	Quantity of Work :		
PERFORMANCE OUTPUT 7:	Quality of Work:		
	Quantity of Work:		
Divide 'Total final Rating' by Number of individual final ratings=		TOTAL FINAL RATING:	
		AVERAGE RATING (A):	

(Signature of the Employee)

(Signature of the Manager)



BHUTAN CHAMBER OF COMMERCE AND INDUSTRY

SUMMATIVE PERFORMANCE REVIEW FORM (continued)

RATINGS ON CORE COMPETENCIES

(To be completed by the Employee)			
Core Competency	Comments:	Employee Self-rating:	Final Rating (Manager)
1. Integrity			
2. Attitude			
3. Punctuality			
4. Job Knowledge & Accountability			
5. Resourcefulness			
6. Ability of Work			
Divide 'Total Final Rating' by 6		TOTAL FINAL RATING:	
		AVERAGE RATING (B):	

(Signature of the Employee)

(Signature of the Manager)



BHUTAN CHAMBER OF COMMERCE AND INDUSTRY

DEVELOPMENT NEED OF THE EMPLOYEE

Comments by the Employee

(Comment on some of your special achievement and on areas that you need to improve)

(Signature of the Employee)

Comments by the Manager:

(Comment on the special achievements and/or development needs of the employee and suggest some measures to improve the performance of the employee)

(Signature of the Manager)

THE APPRAISAL MEETING WITH THE EMPLOYEE IS CONCLUDED AT THE POINT.



BHUTAN CHAMBER OF COMMERCE AND INDUSTRY

THE HR OFFICIALS SHALL COMPLETE THE FINAL RATINGS CALCULATION BELOW, AND SUBMIT TO HR COMMITTEE.

FINAL RATINGS CALCULATION:

Average Rating (A): _____ X 60% Weight age =

+Average Rating (B) _____ X 40% Weight age = , Final Rating (C):

- Calculation: $(A \times 0.6) + (B \times 0.4) = C$

If C=[tick appropriate box to confirm Final Rating and associated Performance increment (PI):

- | | | | |
|-----------------------------------|--------------------|-----------------------------------|---------------------------|
| <input type="radio"/> 3.50 – 4.00 | Outstanding (2 PI) | <input type="radio"/> 1.50 – 2.49 | Good (1 PI) |
| <input type="radio"/> 2.50 – 3.49 | Very Good (1 PI) | <input type="radio"/> 0 – 1.49 | Improvement Needed (0 PI) |

Name and Signature of Manager

Approval by Head of Agency

Comments by the Head of Agency:

(Comments on the general performance and potential of the employee)

(Name and Signature of Head of Agency)



BHUTAN CHAMBER OF COMMERCE AND INDUSTRY

PERFORMANCE APPRAISAL FORM FOR OPERATIONAL CATEGORIES

For the Period: to

Name of the Employee:

Name of the Manager:

Employee CID No:

Position Title:

Review Date:

Core Competency	Final Rating (Supervisor)	Comments
1. Integrity		
2. Attitude		
3. Punctuality		
4. Job Knowledge & Accountability		
5. Resourcefulness		
6. Ability of Work		
Final Rating' by 6	Divide 'Total	

(Signature of the Employee)

(Signature of the Supervisor)



BHUTAN CHAMBER OF COMMERCE AND INDUSTRY

FEEDBACK FORM

To be completed by the immediate subordinate for those holding executive, managerial and formal supervisory position

Name of the employee whom the feedback is for	
Employee Position Title	
Citizenship ID No:	
Name of the Supervisor/ Head:	
Supervisor/ Head position Title :	
Agency / Department:	
Date :	

THIS FEEDBACK WILL BE KEPT ANONYMOUS. YOU ARE REQUESTED TO PROVIDE HONEST AND CONSTRUCTIVE COMMENTS ON THE EMPLOYEES OVERALL PERFORMANCE AND MANAGEMENT STYLE/PRACTICE.

1. LIST ONE OR MORE THINGS YOU WOULD LIKE YOUR HEAD/ SUPERVISOR TO STOP DOING :
2. LIST ONE OR MORE THINGS YOU WOULD LIKE YOUR HEAD/ SUPERVISOR TO CONTINUE DOING:
3. LIST ONE OR MORE THINGS YOU WOULD LIKE YOUR HEAD/ SUPERVISOR TO START DOING:
4. LIST ONE OR MORE THINGS YOUR HEAD/ SUPERVISOR TO COULD DO BETTER:
5. ON A SCALE OF 1(LOWEST) TO 5(HIGHEST), RATE YOUR HEAD/ SUPERVISOR ON:

Sl.	Attitude	Scale (tick)				
		5	4	3	2	1
1	Leadership					
2	Ethics/ Character					
3	Integrity					
4	Professionalism					
5	Accountability					

5= Excellent 4= very Good 3= Good 2= Fair 1= Poor

6. LIST DOWN CRITICAL INCIDENTS (both Positive and Negative), IF ANY: